

B. Plan for Children's Services

2. Current Activities

Criterion 1: Comprehensive community based services

The establishment and implementation of a community-based system of care for children and their families is the essential goal of the statewide mental health plan. Such a system would offer a wide array of community services and minimize reliance on costly and restrictive inpatient and residential services.

Based on a review of inpatient hospital data, Virginia is serving more children for shorter lengths of time on an inpatient basis. Virginia has been experiencing extraordinary budget reductions which affect the capacity of localities to fund appropriate community placements for children. While it is the intention of the state to eliminate unnecessary reliance on inpatient care, critical care needs and safety of children with serious emotional disturbance cannot be overlooked when hospitalization appears to be necessary.

Therapeutic foster care has been recognized as an evidence-based practice for children that can help avoid hospitalization for some children. Virginia has been providing therapeutic foster care in collaboration with local departments of social services for at least a decade. However, considerably more therapeutic foster families are required to meet the need. Additionally, mechanisms for monitoring fidelity to the therapeutic foster care treatment model must be developed. Other evidence-based practices, such as multi-systemic therapy (MST) and functional family therapy, are provided in some parts of the state. Currently, DMHRSAS is surveying all CSBs to gather data on evidence-based practices that they provide and their methods for measuring fidelity to each evidence-based practice service model.

Performance Measures for Criterion 1

Three measures are provided for Criterion 1. They are:

- Readmission Rate (30 & 180 days)
- Number of children receiving therapeutic foster care
- Bed Day Rate

Criterion 2: Mental health system epidemiology

The quantitative target for criterion 2 focuses on increasing the rate of treated prevalence of serious emotional disturbance in youth under the age of eighteen. It is important to note that the current DMHMRSAS definition of serious emotional disturbance is more exclusive than the federal definition. This is significant because it will cause the CSB penetration rates to be lower than they would be if the federal definition were applied. However, given that this definition is consistently used from year to year, the goal of increasing the numbers of children with serious emotional disturbance served remains valid.

In FY 2003, the Commonwealth of Virginia successfully achieved the stated goal of increasing the total number of children treated for serious emotional disturbance. Over the past four years, Virginia has consistently increased the number of children with serious emotional disturbance served across the Commonwealth. While we hope to continue to increase the number of children served, the Commonwealth is experiencing extremely difficult budgetary shortages.

Two measures have been chosen for Criterion 2:

- Number of children served by the SMHA
- Treated Prevalence of serious emotional disturbance

Criterion 3: Children's services

The 2000-2002 Appropriation Act included language (Item 329-G) directing the Department and the Department of Medical Assistance Services, in cooperation with the Office of Comprehensive Services, CSBs, and court service units, to develop an integrated policy and plan, to provide and improve access by children to mental health and mental retardation services. The Department established a workgroup representing CSBs, state agencies, parents, and other partners to identify service needs and develop the *Policy and Plan to Provide and Improve Access to Mental Health, Mental Retardation and Substance Services for Children, Adolescents and Their Families*, hereafter referred as the 329-G Report. The Child and Adolescent Special Population Work Group includes representatives from parent organizations, CSBs, state and private hospitals serving children, and state agencies. Work Group recommendations for 2004-2006 biennium budget funding include:

1. Statewide CSB cross-consultation and training (\$200,000 jointly managed by the Department and VACSB).
2. Dedicated funding for child and adolescent MH, MR, SA, and early intervention services. (\$40 million divided across the CSBs).
3. Medicaid rate increase for MH Clinics, EPSDT (day and intensive in-home) and psychiatric acute inpatient services (10 percent annually) and increase the diagnoses covered to include all Axis I diagnoses (except nicotine dependence).
4. Child board-eligible or certified psychiatrists at each CSB (\$8 million)
5. Stipends for child psychiatry fellows and doctoral interns in clinical psychology to build Virginia capacity (\$290,000).
6. Grant support for matching funds for five consecutive years (\$1 million).

Work Group recommendations not linked to funding include:

1. Develop and promote a vision and roadmap for the integration of child and family services statewide and do strategic planning.
2. Disseminate the Commission on Youth's "Collection" of evidence-based practices.
3. Seek grant funding options (through private foundations) to build matching funds capacity.
4. Support the development of a statewide bed tracking system.
5. Dialogue with state universities on capacity building, especially child psychiatrists and psychologists.
6. Review and revise the Department's discharge protocols for children and adolescents.

The Work Group will continue to develop plans related to community-based best practices, integration of services and addressing the needs of special population, and residential and detention services. The Department has also created a statewide department to oversee all children's services.

In the provision of children's mental health services, the Commonwealth of Virginia recognizes the growing need to ensure that services are delivered in a manner that respects the uniqueness of all ethnic/cultural groups represented in Virginia. Over the past several years, the DMHMRSAS has encouraged local providers of children's mental health services to implement policies and procedures that support cultural competence that is tailored to the communities they serve. Effective cultural competency in mental health service provision should integrate an awareness of individuals and groups of people into specific standards, service approaches and treatment strategies. Virginia measures cultural competency from the Youth Services Survey for Families YSS-F.

Two measures have been chosen for Criterion 3:

- Positive perceptions of outcomes
- Cultural competency self-assessment

Criterion 4: Targeted services to rural and homeless populations

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services designates areas as rural based on a population of less than 120 per square mile. Currently the Commonwealth of Virginia has 40 CBSs of which 17 are designated as urban and 23 are designated as rural. The 40 CSBs provide services to residents of all 135 counties in Virginia. The availability of services for children with serious emotional disturbance residing in rural catchment areas has been selected as a performance measure for Criterion 4.

Criterion 5: Management Systems

DMHMRSAS is the primary funding source for public mental health services in Virginia. Other revenues include Medicaid, other third-party payments, Federal grant funds and local tax revenues. The community mental health system is underfunded to provide all needed community-based services. This fact underlines the significance of the Community Mental Health Services Block Grant funds as part of the total resources used for community services.

In Virginia, a community mental health center (CMHC) is defined as a local entity through which comprehensive community mental health services are provided. These services are provided within the framework of the Commonwealth's core services, and within the structure of the Code of Virginia (37.1-194-202.1) establishing the community services boards (CSBs). Mental Health block grant funds are allocated to Virginia's community services boards and to consumer-operated, community-based programs. CSBs use the Block Grant funds, in conjunction with other state and local funds, to maintain and expand the array of community-based services for adults with serious mental illness.

The performance measure chosen for Criterion 5 is the percentage of SMHA-controlled expenditures used to support community programs for children and adolescents.

2. Goals, Targets and Action Plans

Criterion 1: Comprehensive Community-Based Mental Health Service Systems.

Child Criterion 1: Readmission Rate -- 30 and 180 days

Goal: To maintain or reduce the rate of readmissions to State Psychiatric Hospitals within 30 days and 180 days.

Target: To maintain or reduce the rate of readmission to State Psychiatric Hospitals within 30 days at 6.3% and 180 days at 11.9%.

Population: Persons under the age of 18.

Criterion 1: Comprehensive community-based mental health service systems

Brief Name: Readmission Rate

Indicator 1: Reduced Utilization of Psychiatric Inpatient Beds

Measure: The rate of readmissions within 30 days and 180 days of discharge from the state mental health facilities for children and adolescents for whom the CSB is the case management CSB.

Numerator: Number of children and adolescents readmitted to state mental health facilities within 30 days (and 180 days) of discharge during the fiscal year.

Denominator: Number of child and adolescent discharges from state mental health facilities within the fiscal year.

Source(s) of Information: Hospital Information System (AVATAR)

Significance: Reduction in the rate of readmissions is a measure of the capacity of community services.

Readmission within 30 days of discharge					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	6.3%	5.4%	6.2%	6.3%	6.3%
Numerator	36	30	35	---	---
Denominator	572	560	561	---	---

Readmission within 180 days of discharge					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal	FY2003	FY2004	FY2005	FY 2006	FY 2007

Year	Actual	Actual	Actual	Target	Target
Performance Indicator	13.46%	12%	13.0%	12.00%	11.90%
Numerator	77	67	73	---	---
Denominator	572	560	561	---	---

Action Plans: The Child and Adolescent Special Population Work Group recommended review and revision the Department's discharge protocols for children and adolescents. This in-depth analysis should result in better coordination of care in the community, which should lower readmission rates.

Child Criterion 1: Number of Children Receiving Therapeutic Foster Care

Goal: To track the number of children and adolescents who receive therapeutic foster care.

Target: Establish a baseline for the number of children and adolescents who receive therapeutic foster care.

Population: Children and Adolescents with Serious Emotional Disturbance

Criterion 1: Comprehensive community-based mental health service systems

Brief Name: Therapeutic foster care

Indicator 2: Number of children and adolescents receiving therapeutic foster care

Measure: Count of the number of persons receiving evidence-based practice services.

Source of Information: Survey.

Significance: Evidence-based practices represent practices that have research supporting their efficacy. Use of EBPs should result in better patient outcomes.

Special Issues: Data for this measure was collected from a self-report survey. While we provided CMHS definitions of the evidence-based practices to survey respondents, we do not currently check fidelity.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	N/A	31	34	31	31
Numerator	---	---	---	---	---
Denominator	---	---	---	---	---

Action Plans: Currently, Virginia does not currently have any data on therapeutic foster care. We have plans to include this service in our state MIS system to allow us to better track the number of individuals who receive such services. In the meantime, we are surveying the CSBs to determine how many children and adolescents receive this service. Targets will be set according to baseline numbers.

Child Criterion 1: Bed Day Utilization

Goal: To maintain the utilization of state mental health facility beds for children.

Target: To maintain the number of patient bed days of service provided in state mental health facilities per 100,000 population 17 years of age or younger to .95

Population: Children and adolescents diagnosed with serious emotional disturbance

Criterion 1: Comprehensive Community-based Mental Health Service Systems

Brief Name: Bed Day Utilization Rate

Indicator 3: Number of patient bed days of service provided in state mental health facilities per 100,000 population 17 years of age or younger.

Measure:

Numerator: Number of patient bed days of service provided in state mental health facilities during the fiscal year to children and adolescents.

Denominator: 2000 Census data on population under 18 years of age.

Sources of Information:

Numerator: Hospital Information Systems (AVATAR)

Denominator: 2000 Census data, Weldon Cooper Center for Public Service, University of Virginia.

Significance: An increase in resources for community-based services for children and adolescents with serious emotional disturbance may help to maintain the current level of utilization of inpatient services in state mental health facilities. However, utilization may be at the lowest realistic rate now. There are only 64 state facility beds for children and adolescents.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	.90	.87	.62	.945	.94
Numerator	15.3k	14.7K	11.2k	---	---
Denominator	1.7M	1.7M	1.8M	---	---

Action Plans: The Department and the CSBs are working in partnership to expand community-based services, especially services to children who are not mandated under the Comprehensive Services Act funding. The 2004 General Assembly appropriated \$2 million for this purpose.

Child Criterion 2: Treated Prevalence

Goal: To maintain or expand access to mental health services for children with serious emotional disturbance (SED)

Target: To maintain treated prevalence of serious emotional disturbance at or above 17%

Population: Children with serious emotional disturbance

Criterion 2: Mental Health system Data Epidemiology

Brief Name: Treated prevalence of serious emotional disturbance

Indicator 1: The percentage of children with SED who receive mental health services from CSBs during the fiscal year.

Measure:

Numerator: Number of children with SED who received mental health services.

Denominator: Number of children with SED in the State.

Sources of Information:

Numerator: Community Consumer Submission

Denominator: Federal estimate of prevalence of serious emotional disturbance

Significance: Setting quantitative goals for the numbers of children with serious emotional disturbance to be served in the public mental health system is a requirement of the mental health block grant law. Penetration of the population affected by serious emotional disturbance is a critical building block of community-based systems of care.

Special Issues: It is important to note that this data includes only those children with SED served by CSBs. The reported number of children served may decline due to the use of managed care services.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	19.3%	15.5%	17.3%	18%	19%
Numerator	14,995	11,457	12,777	---	---
Denominator	77,726	73,713	73,877	---	---

Action Plans: Community Services Boards work with local school systems and social services to identify children in need of services. In addition, there is ongoing outreach to refer parents to Virginia's health insurance program for children (FAMIS). FAMIS provides access to quality health services for children of working families. There is no enrollment or monthly premium fees for FAMIS and the co-pays are nominal.

Child Criterion 2: Number of children served.

Goal: To increase the number of persons under the age of 18 served.

Target: To increase the number of persons under the age of 18 served to 22,400.

Population: Persons under the age of 18.

Criterion 2: Mental Health system Data Epidemiology

Brief Name: Children and Adolescents Served

Indicator 2: Increased access to services.

Measure: Count of the number of persons under the age of 18 who are served by the state mental health authority.

Sources of Information: Community Consumer Submission; Hospital Information System.

Significance: It is important to provide treatment to as many individuals with mental illness as possible.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	21,941	22,356	22,000	22,200	22,400
Numerator	21,941	22,356	22,913	---	---
Denominator	---	---	---	---	---

Action Plans: Community Services Boards work with local school systems and social services to identify children in need of services. In addition, there is ongoing outreach to refer parents to Virginia's health insurance program for children (FAMIS). FAMIS provides access to quality health services for children of working families. There is no enrollment or monthly premium fees for FAMIS and the co-pays are nominal.

Child Criterion 3: Positive Perceptions of Outcomes.

Goal: To maintain or increase the percent of caregivers reporting positively about their child's outcomes.

Target: To maintain the percent of caregivers reporting positively about their child's outcomes at 48%.

Population: Persons under the age of 18.

Criterion 3: Children's Services

Brief Name: Positive perceptions of outcomes.

Indicator 1: Perception of Care

Measure: The percent of caregivers reporting positively about their child's outcomes on the Youth Services Survey for Families (YSS-F).

Numerator: Number of positive responses in the outcome domain on the YSS-F

Denominator: Total number of respondents to the outcome domain on the YSS-F

Sources of Information: Youth Services Survey for Families

Significance: It is important to know what consumers think about the effectiveness of service delivery.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	51.4%	84.9%	88.9%	47.5%	48%
Numerator	430	942	1,101	---	---
Denominator	837	1,110	1,239	---	---

Action Plans: The Department has several committees that look at outcome performance measures. In addition, the Department has provided funding for the creation of a statewide consumer network. We continue to be committed to providing quality services in the community. As our community services expand, consumer outcomes should improve.

Child Criterion 3: Cultural Competence.

Goal: Maintain cultural competency of Community Service Boards

Target: To maintain the percent of caregivers reporting positive perceptions of the CSB staff's sensitivity to cultural/ethnic background at 86%

Population: Children with serious emotional disturbance

Criterion 3: Provision of children's services

Brief Name: Cultural Competency Self-assessment

Indicator 2: Percentage of consumer's caregivers who report satisfaction with staff sensitivity to cultural/ethnic background.

Measure: Numerator: Total number of respondents with average scale score >3.5 on the cultural sensitivity subscale.

Denominator: Total number of respondents.

Sources of Information: Youth Services Survey for Families (YSS-F)

Significance: The cultural competency of a program increases the likelihood that members of minority groups will successfully engage in treatment.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	89.4%	88.2%	88.9%	86.3%	86.6%
Numerator	743	1,260	1,101	---	---
Denominator	831	1,428	1,239	---	---

Action Plans: Over the past several years, the DMHMRSAS has encouraged local providers of children's mental health services to implement policies and procedures that support cultural competence that is tailored to the communities they serve. The Department plans to distribute cultural competency scores on the YSS-F to all CSBs so that they are aware of the perception that caregivers of child consumers have of the cultural sensitivity of their staff. CSBs that have a low score on this scale will be offered TA to assist them in improving their score.

Child Criterion 4: Children served in rural CSBs.

Goal: To maintain or increase the availability of mental health services for children with serious emotional disturbance in rural areas.

Target: To increase the number of children with SED served in rural community services boards at 7,000.

Population: Children with serious emotional disturbance

Criterion 4: Targeted Services to Homeless and Rural Populations

Brief Name: Rural mental health services

Indicator 1: Services to children with SED in rural areas

Measure: Number of children with SED served in rural community services boards

Sources of Information: Community Consumer Submission

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	7,959	6,468	7,492	6,400	7,000
Numerator	---	---	---	---	---
Denominator	---	---	---	---	---

Action Plans: Virginia has consistently increased the numbers of children served in rural CSBs in recent years. For FY2004 the number of children decreased. This was due in part to a new MIS system that provides for the first time unduplicated counts of individuals served in the community.

Child Criterion 5: Support for child mental health programs in the community.

Goal: Increase percentage of funding expended for child and adolescent mental health services.

Target: To increase the percentage of funding expended for child and adolescent mental health services to 7.5%

Population: Children with serious emotional disturbance

Criterion 5: Management Systems

Brief Name: Support for Child Mental Health Programs

Indicator 1: Percentage of SMHA-controlled resources distributed to community services boards specifically for child mental health services.

Measure:

Numerator: SMHA-controlled resources distributed through grants to community services boards for child mental health services.

Denominator: Total SMHA-controlled resources (for Central Office, State Facilities, community services boards, including state general funds, federal block grant, Medicaid, Medicare)

Sources of Information: State financial management system

Significance: Increased funding for the child and adolescent component of the state mental health system will increase the ability of CSBs to develop foundation services for children.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	7.7%	9.2%	8.0%	7.4%	7.5%
Numerator	35.5M	43.9M	41.7M	---	---
Denominator	462.8M	475.1M	517.8M	---	---

Action Plans: Virginia will continue to seek increases in funding for CSB children's services through state funds, federal grants, Medicaid and other sources. Virginia will continue to assure that the largest share of the Mental Health Block Grant is used for CSB services. We will maintain or increase the percent of the Block Grant that is allocated for children's services. Currently, this amount (\$2,451,943) exceeds the set-aside requirements of \$1,501,623. Unfortunately, Virginia's block grant allocation has been reduced and all funding allocations will need to be adjusted. CSBs also make every effort to maximize their Medicaid reimbursements.

¹ Pires, Sheila A., Building Systems of Care: A Primer, 2002

² Multisystemic therapy <http://www.mstservices.com>

³ Functional family therapy http://www.omh.state.ny.us/omhweb/ebp/children_fft.htm